



# APPLICATION FOR PROMOTER'S LICENSE TO HOLD BOXING OR SPARRING MATCHES OR EXHIBITIONS

State Form 45726 (R3 / 4-03)

Approved by State Board of Accounts, 2003

State Boxing Commission  
Indiana Professional Licensing Agency  
302 W. Washington Street Room E034  
Indianapolis, Indiana 46204-2700  
(317)-232-2980  
<http://www.in.gov/pla>

ATTACH TWO (2) PHOTOS	License number	
	Date issued	
	Date expires	
	Previous license number	
	Bond	Lessee
	<b>LICENSE FEES</b> A \$100.00 license fee must accompany this application. <input type="checkbox"/> Original license <input type="checkbox"/> Renewal license	

**25-9-1-10 Persons not entitled to licenses and permits.** No permit or license may be issued to any person who has not complied with this chapter or who prior to the applications, has failed to obey a rule, regulation or order of the state boxing commission. In the case of a club, corporation, or association, no license or permit may be issued to it if, prior to its application, any of its officers have violated this chapter or any rule, regulation or order of the state boxing commission. No promoters, physicians, referees, judges, timekeepers, matchmakers, or professional boxers, their managers, trainers or seconds may be licensed if they are holders of a federal gambling stamp. A license or permit when issued shall recite that the person to whom it is granted has complied with this chapter, and a license or permit is not transferable.

The undersigned, having submitted the necessary bond, hereby makes application for a promoter's license to conduct boxing or sparring matches or exhibitions, in accordance with the provisions of IC 25-9-1 and rules of the Indiana Boxing Commission. The undersigned, for the purpose of procuring said license and in accordance with said law, herewith makes the following statement duly sworn to:

1. Name of applicant ( <i>individual applicant or Indiana corporation</i> )	
2. Social Security number or Federal ID number *	* Social Security number is requested by this agency in accordance with IC 4-1-8-1, and is mandatory that it be given. Social Security numbers are available to the Indiana Department of Revenue.

3. Location of applicant's principal business (number and street, city, state, ZIP code)
Proposed building location ( <i>number, and street, city, state, ZIP code</i> )

4. Applicable to corporate applicant: Date of incorporation ( <i>attach certified copy of articles of incorporation</i> )
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5. Name, addresses and period of residence in Indiana of officers and members of corporation.
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## OFFICERS

Name	Title	Address	Period of residence in Indiana

## TEN (10) MEMBERS

Name	Address	Period of residence in Indiana

6. Name of matchmaker ( <i>If any</i> )	Name of director ( <i>if any</i> )
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7. Experience of matchmaker, and director <i>(if any)</i>	
Matchmaker:	
Director:	
8. Experience of applicant and or club officials, if heretofore connected with the promotion of boxing or sparring matches or exivitions, either as managers, promoters, boxers, or in any other capacity:	
9. Describe building in which matches or exhibitions will be held:	
Seating capacity	
Fire exits and escapes	
Ventilation	
10. Does the building conform in all respects to the laws and regulations pertaining to building of this character in this state and city, town or villiage where located?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Is there any pending violation of laws or ordinances relating to the building?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Does any person, other than a janitor or caretaker, reside on premises?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Are public meetings or services held in the building?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
14. Is the building owned or leased by the applicant? <i>(if leased, attach copy of lease)</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Is any promoter, manager, booker, boxer, other person connected with boxing interested in applicant either as partner, stockholder, member, bondholder, mortgagee or in any other capacity, directly or indirectly? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please explain:	
16. Is any manager or boxer employed by applicant?	
<input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please explain:	
17. Has applicant been denied a promoter's license in Indiana or in any state, or had license revoked or suspended in any state?	
<input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, please explain:	
18. Does applicant have a Federal Gambling Stamp?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has applicant ever held a Federal Gambling Stamp?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Has applicant, or any of its stockholders, officers or members, any financial interest in boxers?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. If license under this application is granted, does undersigned promise and agree to faithfully observe, enforce and obey the laws of the State of Indiana, and the rules of the State Boxing Commission relating to the conduct of boxing or sparring matches or exhibitions?	
21. Have you filed with the Treasurer of the State of Indiana, a bond, as required by the Commission with good and sufficient security as required by law?	
<input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, attach certificate and a true and correct copy of said bond.	
22. Give five references:	
<b>NAME</b>	<b>ADDRESS</b>
Signature of applicant	Printed name of applicant

**IF A CORPORATION, SIGN BELOW***(If a corporation, affix corporate seal)*

Name of corporation

Signature of president

Printed name of president

**COMMISSION APPROVAL****NOTARY CERTIFICATION****INDIVIDUAL AFFIDAAVIT**STATE OF \_\_\_\_\_ } SS:  
COUNTY OF \_\_\_\_\_**SEAL**

I, \_\_\_\_\_, being duly sworn upon oath, depose and say that I have executed the foregoing application and that the questions and answers set forth in the foregoing application are true and correct to the best of my knowledge and belief; and that I have not disobeyed any rule, regulation or order of the State Boxing Commission or been guilty of any violation of the provisions of IC 25-9-1:

Signature of applicant

Signature of Notary Public

Printed or typed name of applicant

Printed or typed name of Notary Public

Date subscribed and sworn to Notary Public

County of residence

Date commission expires

**CORPORATION AFFIDAVIT**STATE OF \_\_\_\_\_ } SS:  
COUNTY OF \_\_\_\_\_**SEAL**

I, \_\_\_\_\_, being first duly sworn, say that I am the presedent of the above named corporation, and as such I am authorized to make this application for the said corporation; and that I have read the questions and answers set forth in the foregoing application and know the contents thereof; and that the same are true and correct to the best of my knowledge and belief; and that I have not disobeyed any rule, regulation or order of the State Boxing Commission or been guilty of any violation of the provisions of IC 25-9-1:

Signature of President

Signature of Notary Public

Printed or typed name of President

Printed or typed name of Notary Public

Date subscribed and sworn to Notary Public

County of residence

Date commission expires